

## **Instructions for California UCC Addendum**

Use this form to continue adding additional debtor or secured party names when filing a Financing Statement (UCC 1) or a UCC Financing Statement Amendment (UCC 3).

Item A. Insert name of first debtor shown on Financing Statement to which this Addendum is related, exactly as shown in Item 1 of Financing Statement.

Item B. Insert file number of Financing Statement as entered on the Amendment to which this Addendum is related, exactly as shown in Item 1a.

1. If this Addendum adds additional debtors, complete Items 1,2, and 3 in accordance with Instruction #1 on Financing Statement, give complete information for each additional debtor.
2. If this Addendum adds additional secured parties, complete Items 4 and 5 in accordance with Instruction #3 on financing Statement.

# CALIFORNIA UCC ADDENDUM

FOLLOW INSTRUCTIONS CAREFULLY

Use this form to continue adding additional debtors and/or secured parties (Make copies of this form if you need more space to continue adding names)

## NAME OF FIRST DEBTOR ON RELATED FINANCING STATEMENT OR FILE NUMBER ON RELATED AMENDMENT

A. ORGANIZATION'S NAME		
A. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME
B. SOS FILE NUMBER		

### 1. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME – insert only one (1a or 1b) - do not abbreviate or combine names

1a. ORGANIZATION'S NAME				
1b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	
1c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
1d. Tax ID#: SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION	1f. JURISDICTION OF ORGANIZATION	1g. ORGANIZATIONAL ID # IF ANY NONE <input type="checkbox"/>

### 2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME – insert only one (2a or 2b) - do not abbreviate or combine names

2a. ORGANIZATION'S NAME				
2b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
2d. Tax ID#: SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION	2g. ORGANIZATIONAL ID # IF ANY NONE <input type="checkbox"/>

### 3. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME – insert only one (3a or 3b) - do not abbreviate or combine names

3a. ORGANIZATION'S NAME				
3b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	
3c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
3d. Tax ID#: SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	3e. TYPE OF ORGANIZATION	3f. JURISDICTION OF ORGANIZATION	3g. ORGANIZATIONAL ID # IF ANY NONE <input type="checkbox"/>

### 4. ADDITIONAL SECURED PARTY (or TOTAL ASSIGNEE) – insert only one (4a or 4b)

4a. ORGANIZATION'S NAME			
4b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
4c. MAILING ADDRESS	CITY	STATE	POSTAL CODE COUNTRY

### 5. ADDITIONAL SECURED PARTY (or TOTAL ASSIGNEE) – insert only one (5a or 5b)

5a. ORGANIZATION'S NAME			
5b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
5c. MAILING ADDRESS	CITY	STATE	POSTAL CODE COUNTRY